

## ONCE YOUR CLAIM HAS BEEN FILED

Immediately complete, sign and return all forms that Sedgwick sends to you. Continue seeing your physician on a regular basis and stay in touch with Sedgwick and your supervisor/manager during your disability. Plan your return to work date with Sedgwick, your HR Liaison and your supervisor/manager.

You may check the status of your claim online, 24 hours a day, at [www.sedgwickcms.com/calabasas](http://www.sedgwickcms.com/calabasas). You may also call Sedgwick at **1-800-599-7797**, 24 hours a day, to find out the status of your claim. If you call between 5 AM and 5 PM PST, Monday through Friday, you may speak directly with a Sedgwick Customer Service Representative.

## IN SUMMARY

This brochure advises you of the general provisions of the STD benefit. The specific details of the plan are covered in the Maricopa County Group Short-Term Disability Plan Description, which can be found through the Disability tab on the Employee Benefits Home page at: [www.maricopa.gov/benefits](http://www.maricopa.gov/benefits) or [ebc.maricopa.gov/ehi](http://ebc.maricopa.gov/ehi)

**Maricopa County  
Employee Benefits Division  
Business Strategies  
and Health Care  
Programs Department**

301 W. Jefferson St.,  
Ste. 3200  
Phoenix, AZ 85003-2145  
**602-506-1010**

Fax: 602-506-2354

[benefitsservice@mail.maricopa.gov](mailto:benefitsservice@mail.maricopa.gov)

## GROUP SHORT-TERM DISABILITY BENEFIT

Administered by:

Sedgwick  
Group#435000  
PO Box 9830  
Calabasas, CA 91372-0830  
**(800) 599-7797**

[www.sedgwickcms.com/calabasas](http://www.sedgwickcms.com/calabasas)



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Effective July 1, 2012

This brochure contains important information regarding your Short-Term Disability (STD) benefits, which are administered by Sedgwick.

## ELIGIBILITY FOR BENEFITS

When you are unable to work because of illness, injury or pregnancy, you may be considered disabled and eligible for coverage under the Maricopa County Group Short-Term Disability Benefit Plan, provided that you elected STD coverage and you meet the plan definition of *disability* and comply with any case management requirements.

## YOUR COST FOR THE PLAN

You contribute to this plan based on the percentage of coverage elected. Because your premium is taxable, all STD benefits received under the plan will **not** be taxed.

## WHEN BENEFITS BEGIN

You become eligible for STD benefits after 21 consecutive calendar days from the onset of your disability, or 1<sup>st</sup> day of hospitalization, whichever comes first.

## PREMIUM PAYMENTS

**You are responsible for your premium for each benefit plan in which you are currently enrolled. To pay for your benefits while you are on Short-Term Disability, the premium amount due for each plan will go into arrears each pay period. When you return to work, you will pay back the premium owed by having an additional per pay period premium deducted in addition to the current premium until the amount owed is recovered. If you do not return to work, you will be billed for the premiums due.**

## HOW TO FILE A CLAIM

There are two ways you can file a claim with Sedgwick:

1. Online at:  
[www.sedgwickcms.com/calabasas](http://www.sedgwickcms.com/calabasas)  
24 hours a day, seven days a week; or
2. By calling **1-800-599-7797** between 5 AM to 5 PM PST Monday through Friday.

**Note:** Make sure you notify your HR Liaison and/or supervisor/manager on or before the first day of your absence.

When you file your claim, you will be instructed to call or visit your physician and to request that the physician **immediately** call Sedgwick at **1-800-599-7797** to provide medical information in support of your leave request. Explain that this call is urgent, as your disability benefits cannot be processed until your physician calls Sedgwick.

If medical information is not provided within three days from the date you file your claim, Sedgwick will assist you by directly contacting your physician.

It is very important that you and your physician make the required phone calls, as your benefits may be delayed or denied if the necessary information is not provided in a timely manner.



## WHAT TO EXPECT WHEN YOU CONTACT SEDGWICK TO ESTABLISH YOUR CLAIM

When filing your claim, the following information will be requested:

your name  
address  
telephone number  
date of birth  
social security number  
nature of absence  
department  
job location  
your supervisor/manager's name  
and phone number  
your physician's name and phone  
number

Sedgwick will mail you an *Authorization for Release of Information* and a *Right of Reimbursement* form, which you must immediately complete and return to Sedgwick in order to process your claim for STD benefits. If any of the information on either form is incorrect, make the changes before returning these forms to Sedgwick.

